**On Your Best Behavior**

**Canine Separation Anxiety**

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Maya is a young adult German shepherd mix with a fulfilling life. Along with Sally, her single and self-employed “parent,” Maya hikes daily and spends much of her time resting on the couch while Sally works at the computer.

**When Maya is left alone,** however, *the situation shifts from peace to pandemonium.* During a recent weekday Sally was away for 4 hours; she returned to her 1-bedroom apartment to find the **refrigerator pulled open and its contents—including liquids and a stockpile of eggs**—entirely **emptied onto the floor.** And **Maya was nowhere to be found.**

**A broken screen led Sally to the neighbor’s house—and Maya.** Several hours earlier, the neighbor had found Maya walking down the street. **After returning home** with Sally, **Maya sat in a remote corner, head down, wearing a pitiful, conscience-stricken expression.**

**Defining Separation Anxiety**

Separation anxiety is the clinical diagnosis applied to a variety of behavioral issues that have one thing in common: the dog is “left behind” by its human. It can present in several different ways, with a range of intensities.

Affected dogs might exhibit their distress by:
- Destructive chewing and digging, often at windows, doors, and other “exit points”
- Urination and defection
- Persistent vocalization.

However, unless “evidence” is left behind, owners might be completely unaware of their pets’ distress. Therefore, understanding what dogs do when they are alone is important: at least 50% of dogs, and probably more, will exhibit some aspect of separation distress in their lifetimes.
IDENTIFYING SIGNALMENT
Signalment of affected dogs is variable, but many dogs with separation anxiety share similar characteristics:1

• Adoption from a shelter or rescue
• Significant perturbation of daily schedule (eg, owner left the dog with house sitter for a month while traveling or has a new job after being home and unemployed for some period)
• Usually young to middle-aged adults (but possible at any age beyond puppyhood).

Young puppies do exhibit distress in their new homes, often the first time they are separated from littermates or mothers, but are not considered to have clinical separation anxiety unless distress persists beyond early puppyhood.

DETERMINING A DIAGNOSIS
Diagnosis confirmation usually requires videotaping, or even audiotaping, the dog when the owner is absent. A dog with separation anxiety will chew, vocalize, pace, or eliminate only in the owner’s absence, typically immediately after, or within 30 minutes of, the owner’s departure.

In addition, the dog will appear distressed rather than “bored” or playful; distress will typically be accompanied by pacing, whining, panting, and restlessness.

DEVELOPING A MANAGEMENT PLAN
In addition to the high level of stress it creates in affected dogs, separation anxiety can have a significant impact on the owner’s life. Owners may opt to often stay at home—7 days a week—to avoid unwanted behavior. The fallout from separation anxiety, such as destructiveness, may lead to relinquishment or euthanasia. Treatment, therefore, should be aggressive but planned with caution to prevent any increase in the dog’s anxiety.

1. Set the Dog Up for Success
During behavior and environmental modification, if possible, have the owner make arrangements to avoid leaving the dog home alone. Owners may take their dogs to work; arrange for day care; or leave them with a neighbor, relative, or friends.

While crating may seem to be an easy solution for elimination and destructiveness, in most cases it is not recommended because the dog may attempt to escape from the crate, which can lead to severe self-injury. Use of a crate may ultimately be possible if introduced slowly while the owners are home, but first-tier use of a crate for an inexperienced and anxious dog should be avoided.

2. Create a Safe Haven
If the dog is barrier-anxious and digging, chewing, or scratching its way through distress:

• Identify a dog-proof area, such as the kitchen, mudroom, or spare bedroom. Ideally, this safe haven should be a space where the dog, on its own, chooses to sleep at times.
• Have the owner invest in a tall, securely bolted, and easily opened gate for the safe haven; many dogs panic when faced with a shut door.

3. Initiate Drug Therapy
Dogs with separation anxiety are stressed and often traumatized, with an impaired ability to learn new tasks. While behavior modification can be effective in treatment of separation anxiety, anxiolytic drug therapy can facilitate treatment and, in many cases, reduce anxiety more than training or management changes alone. Drug therapy is commonly used to assist with behavior modification; it is both humane and helpful.

• A daily drug—administered whether or not the dog will be left alone—can effectively raise a dog’s threshold for distress. Two drugs have been approved by the Food and Drug Administration for canine separation anxiety:
  » Fluoxetine hydrochloride (Reconcile, elanco.com)2
  » Clomipramine hydrochloride (Clomicalm, ah.novartis.com).3

Successfully Treating Separation Anxiety

- Identify Signalment
  » Shelter or “rescue” background
  » Significant change(s) in daily schedule
  » Young to middle-aged adult dogs
- Determine Diagnosis
  » Dogs that chew, vocalize, pace, or eliminate
  » Only in owner’s absence
  » Usually within 30 minutes of departure
- Create Safe Haven
  » Area that dog is comfortable in—kitchen, mudroom, bedroom, etc
  » Accessible through tall, securely bolted, easily opened gate
- Investigate Medical Therapy
  » Daily drug, such as fluoxetine or clomipramine
  » Sedative-anxiolytic drug for use when owner leaves to reduce distress
  » Consider trazodone for daily or as-needed medication
- Establish Baseline & Track Progress
  » Determine baseline behavior with video or audio recording
  » Monitor progress with video
  » Keep journal of dog’s behavior
- Manage Hyper Attachment
  » Use safe haven, open crate, or mat where attention/food is given
  » Use food dispensing toys to redirect dog’s attention
  » Practice stay/calming exercises
- Desensitize to Departures
  » Help dog habituate to the cues of departure
  » Change departure ritual
  » Desensitize to actual departures
  » Minimize differences between owner presence/absence
- Always Avoid Punishment
Alternatively, other selective serotonin reuptake-inhibitors (SSRIs), such as sertraline or paroxetine, can be used.
- A sedating anxiolytic administered on an “as-needed” basis when the owner leaves can help further reduce distress.
  - Benzodiazepines, such as alprazolam, diazepam, or clorazepate, are most commonly used but should initially be titrated to optimal sedative–anxiolytic effect while the owner is home to observe the dog’s initial response to the drug.
  - Owners should be reminded that benzodiazepines can interfere with short-term memory and learning and, therefore, should not be administered before training sessions.
  - This class of drug may cause paradoxical excitation; therefore, monitor dogs receiving benzodiazepines and, if needed, adjust the dose or discontinue the drug if excitation is observed.
- Trazodone has recently been added to the anxiolytic armamentarium. A serotonin antagonist-reuptake inhibitor, it can be given as-needed or regularly. However, due to the potential for serotonin syndrome when used concurrently with SSRIs or clomipramine, it should be used with caution and appropriate follow-up.
- Pheromone products can be effective in treatment of separation anxiety. A dog-appeasing pheromone (ie, Adaptil [formerly D.A.P.], ceva.us/us) is often used in conjunction with drug therapy.

Duration of therapy: Suggested duration for behavior medication is 4 to 6 months or at least 2 months past resolution (or satisfactory improvement) of separation anxiety. Some dogs with separation-related anxiety and underlying generalized anxiety may require lifelong treatment (although uncommon), while others may need to resume pharmacotherapy in the future.

Cessation of therapy: Drug therapy should be tapered conservatively (not more than 25% reduction per 1 to 2 weeks); if separation-related behaviors return, the lowest effective dose of the daily drug can be maintained longer-term.

Monitoring: Annual blood and urine analyses, or semi-annual for senior dogs, are recommended in cases of long-term drug therapy.

4. Track Progress with Journals and Videotapes
A baseline for panting, pacing, urination or defecation, whining or barking, and digging/chewing—as well as their timing and intensity—is needed to determine whether treatment is working.
- A video camera can be aimed at areas where elimination or destructiveness has occurred; recording 30 to 60 minutes will provide a reasonable idea of the dog’s distress immediately after departure.
- Audiotaping may be enough if barking is the primary complaint.
- Video- or audiotaping should be repeated as needed to monitor progress.
- A journal of the dog’s behavior is also helpful and should include (when relevant) elimination behavior outdoors as well as when the owner leaves the house and returns.

5. Manage Hyper Attachment
Dogs that cannot adapt to being separated when the owners are home may be less likely to tolerate the owners’ actual departures.
- To encourage independence from the owner, provide a mat, open crate, or safe haven room where attention
is common in dogs with separation anxiety, but may be a stand-alone diagnosis for dogs that panic when faced with a barrier (crate, gate, or closed door). In some cases, discontinuing crate use can resolve the problem.

Incomplete house-training can be confused with anxiety-related inappropriate elimination, especially in young dogs or newly-adopted adult dogs. When dogs urinate or defecate due to separation anxiety, it typically happens soon after the owner leaves. In addition, elimination must occur in the owner’s absence to be attributed to separation anxiety. Keep in mind, though, that some (clever) dogs will eliminate in the owner’s absence to avoid punishment.

Medical illness should always be considered when a dog presents with a behavior issue, particularly those that have appeared acutely. Urinary tract, gastrointestinal, or other physiologic disease and seizures (with associated elimination), and cognitive dysfunction syndrome (in senior dogs) are some illnesses that can mimic separation anxiety.

Play-related chewing is typically not limited to exit points or windows, but can be confused with separation anxiety when the anxious dog chews/rearranges the owner’s personal items. Video can help distinguish play from distress.

Thunderstorm/environmental fear and phobia can present with similar clinical signs as separation anxiety but, by definition, this distress is associated specifically with storms or loud noises. If the dog has been conditioned to fear stimuli associated with thunder and lightning, such as wind or light rain, diagnosis may be more difficult.

Vocalization can be triggered by environmental sounds, such as barking of neighbor dogs, garbage trucks, children’s voices, and a clanging mail slot. This barking may generate complaints from neighbors. Anxiety-related barking or howling is more persistent.

**Food Toy Fundamentals**

Food is a valuable resource for dogs and can help occupy a distressed dog for a good bit of time. Severely anxious dogs typically ignore food toys, but the toy’s usefulness can be increased by:

1. Implementing drug therapy with anti-anxiety medication. As the dog’s anxiety is ameliorated with treatment, food toys become more interesting.

2. Introducing the food toy when the dog is calm and the owner is home.

**6. Habituate to Cues of Departure**

Desensitization can be helpful for dogs that become reactive at the moment of departure—when owners walk to the door, open it, and walk out.

- Once these dogs have been taking a daily anxiolytic drug for at least 1 month and have learned to manipulate food-dispensing toys in their safe havens, owners may start to desensitize.
  - This technique introduces repeated exposure or habituation to departure cues, such as picking up keys, turning off lights, and donning a coat. These departure exercises can be an important component of separation anxiety treatment.
  - This process helps dogs disassociate these cues from actual departures.

**7. Change the Ritual**

In addition to helping the dog disassociate departure cues from actual departures, it is also helpful to change things up, including having the owner leave through a different door, put a coat on in the garage, or park down the street.

**8. Desensitize to Actual Departures**

Once the dog has responded well to simulated departures and changes in departure cues, owners can begin working on desensitization to actual departures.

- At first, departures should be brief and the owner should not leave. The door can be approached, touched, opened slightly, and closed. The duration of departure should be determined by videotape. For example, if the owner leaves for 5 minutes but the dog is calm for only 3 minutes, 5 minutes is too long and the time should be shortened.
- Depending on the dog’s tolerance, the first actual depar-
However, implementation of several treatment modalities may last from a few seconds to a few minutes; the length of each subsequent departure should be gradually but randomly increased by a few minutes.

- It is important to realize that breaks in the dog’s calm behavior—rising, approaching the door anxiously, vocalizing, and/or acting nervous—indicate the desensitization session has moved along too quickly; end the session after a few “successful” but shorter departures.
- In subsequent sessions, the dog should participate in less challenging exercises that it can successfully tolerate.

If desensitization-to-departure techniques are performed too soon or without regard for the dog’s reactions, they can backfire by sensitizing the dog and increasing its distress.

9. Minimize Difference between Owner Presence and Absence
To decrease the impact of owner departures, owners should not change noise levels (radio, television), lights, or gates when leaving. This includes minimizing owner–dog interactions prior to the owner leaving and then returning. A white noise machine can help muffle outside noises and provide background sound rather than silence. In addition to, or instead of, “white noise,” classical music or talk radio can be provided.

10. Avoid Punishment
Counsel owners to avoid punishing the dog for anxiety-related behavior. By definition, punishment is unpleasant or aversive. Whether the dog is chewing, digging, inappropriately eliminating, barking, panting, or pacing, all such behaviors are manifestations of distress.

If the owner's arrival home is associated with punishment, or the owner suddenly opens the door to shout at or otherwise attempt to discipline the dog, anxiety can worsen. The guilty look described by many owners indicates that classical conditioning has occurred: the dog now associates the presence of urine, feces, or destroyed items with the owner’s arrival (and punishment).

Typically, the behavior will recur the next time the owner leaves. Thus, reprimanding the dog for bad behavior hours after the behavior takes place does nothing to prevent the behavior from recurring in the future.

HELPING MAYA
The case presentation at the beginning of the article left off with an anxious Maya and frustrated owner (Sally). However, implementation of several treatment modalities improved both Maya and Sally’s quality of life.

- Maya’s separation distress manifested through food-raiding; video revealed that her search for food initially took precedence over her pacing and intermittent whining. Then the discovery of a partly open window quickly led to digging, tearing, and jumping through the screen.
- Maya’s veterinarian determined that redirecting her food-seeking might resolve the destructive behavior, while more extensive behavior modification and drug therapy would be needed to ameliorate her need to find Sally.
  » Food-dispensing toys were introduced; Maya received her breakfast through the toys each day.
  » Food was put away and inaccessible; the refrigerator was padlocked for several weeks.
  » Talk radio and lights were turned on well before Sally left in the morning and stayed on throughout the day.
  » Windows were securely shut whenever Sally left the apartment.
  » Medical therapy was initiated with daily administration of fluoxetine; trazodone was administered 1 hour prior to Sally’s departures.
- Sally was advised that separation anxiety may recur in the future, particularly after stressful events, such as boarding or prolonged absences.

References

Suggested Reading

Ilana Reisner, DVM, PhD, Diplomate ACVB, is a veterinary behaviorist and consultant in Media, Pennsylvania. Dr. Reisner previously served as the Director of the Veterinary Behavior Clinic at University of Pennsylvania’s Matthew J. Ryan Veterinary Hospital and assistant professor of behavioral medicine at UPenn’s School of Veterinary Medicine for 10 years. She is past president of the American Veterinary Society of Animal Behavior. Dr. Reisner has written and spoken extensively on the topic of behavioral medicine and has research interests in canine aggression and anxiety. She received her DVM from Oregon State University and her PhD in behavioral physiology from Cornell University.